

GENERAL INFORMATION FORM FEDERAL EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT FISCAL YEAR 2007

GOVERNOR'S USE ONLY Date Received: _____	Application Number: _____
APPLICANT IDENTIFICATION	
Agency Name: _____	
Address: _____	
City: _____ State _____ Zip + 4 _____	County: _____
Website: _____ Federal Employer Identification Number: _____	
Authorized Certifying Official	
(This person listed will receive ALL correspondence from this office.)	
Name: _____	Title: _____
Telephone: () _____	Fax: () _____ EMAIL: _____
Fiscal Officer	
Name: _____	
Telephone: () _____	Fax: () _____ EMAIL: _____
PROJECT INFORMATION	
Funding Period: From July 1, 2006 to June 30, 2007	
County (ies) in which proposed grant project will operate: _____	
Brief description of proposed grant project as described in application: _____	
YEAR of funding for proposed grant project. These percentages should correspond with the Budget Summary Form. (check one)	
<input type="checkbox"/> Year 1 - 25% match funds	
<input type="checkbox"/> Year 2 - 30% match funds	
<input type="checkbox"/> Year 3 - 50% match funds	
<input type="checkbox"/> Year 4 or more - 75% match funds	
If awarded, these funds will:	
<input type="checkbox"/> Create a new grant project or service activity OR	
<input type="checkbox"/> Enhance or expand an ongoing grant project or service activity <u>not</u> previously funded OR	
<input type="checkbox"/> Continue ongoing grant project previously funded	
Federal JAG Grant Request (Dollar Amount) for one-year period: (excluding match; line #2 of Budget Summary Form) \$ _____	
Non-Federal Cash Match (Dollar Amount; line #3 of Budget Summary Form). \$ _____	
List match source(s) _____ (line #4 of Budget Summary Form)	

This page should be completed last, after the rest of the application is ready to be submitted.